

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009099

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED FEB 19 1963 318

Primary Registration District No. 1003

Registrar's No. 1392

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4171 Castleman | | d. STREET ADDRESS (If outside, give location) 4171 Castleman | |
| 3. NAME OF DECEASED (Type or print) First Middle Last George Luther Miller | | 4. DATE OF DEATH Month Day Year Feb. 6, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan 23 1906 57 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder & Truck Driver | | 10b. KIND OF BUSINESS OR INDUSTRY Truck | 11. BIRTHPLACE (City and state or country) Fredericktown Mo |
| 13a. FATHER'S NAME James S. Miller | | 13b. MOTHER'S MAIDEN NAME Margaret Tinsley | 14. NAME OF HUSBAND OR WIFE Katherine Bagy Miller |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 16. SOCIAL SECURITY NO. [redacted] | 17. INFORMANT Address Katherine Miller 4171 Castleman |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 334x |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from [signature] to [signature] and last saw her/him alive on [signature] on the day stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [signature] (Degree or title) | | 22b. ADDRESS 1300 Chest 22c. DATE SIGNED 5-8-63 | |
| 23a. BURIAL (CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Feb. 11, 63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon | | 23d. LOCATION (City, town, or county) St. Louis Cty. Mo. | |
| 24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette | | 25. DATE RECD. BY LOCAL REG. FEB 8 1963 | |
| 26. REGISTRAR'S SIGNATURE [signature] | | | |

CORONER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John B. Volmer

Licensed Embalmer No. 1014

P. O. Address 398 E. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.